

¡No a la TB en Nuestras Fronteras: Ahora Es el Momento!



No TB on Our Borders: Now Is the Time!

The United States-Mexico Binational TB Referral and Case Management Project

Frequently Asked Questions

What is the United States-Mexico Binational TB Referral and Case Management Project?

The United States-Mexico Binational TB Referral and Case Management Project is a new initiative that will establish a comprehensive binational tuberculosis (TB) referral and case management system for the United States and Mexico. The Project was designed with input from representatives of both the United States and Mexico for the effective support of patients undergoing treatment for active TB disease who move between the United States and Mexico. TB control personnel from both countries want to ensure that patients receive continuous care and complete the treatment regimens necessary to cure TB.

The goals of the United States-Mexico Binational TB Referral and Case Management Project are to:

- Coordinate the referral of patients between the health systems of both countries.
- Ensure continuity of care and completion of TB treatment for patients who move between the United States and Mexico; Ensuring continuity of care will improve TB treatment outcomes, which will decrease TB transmission and prevent drug-resistant strains of TB.

What factors made it necessary for the governments of the United States and Mexico to work together to combat tuberculosis?

- Approximately 264 million persons cross the United States-Mexico border northbound annually.
- The sister-city regions of San Diego-Tijuana and El Paso-Ciudad Juarez account for 40% of daily border northbound crossings.
- Many people who migrate between the United States and Mexico lack access to health care.
- If patients stop or interrupt treatment for active TB disease, they may develop strains of TB that are drug resistant.
- The United States and Mexico National TB Control Programs limit their effectiveness when managing TB in this population without combining resources and working together.
- A regional strategy to combat active TB disease along our common borders is necessary.

Has there ever been anything like this for binational TB patients?

For several years, CureTB and TB*Net*, separate programs established by the San Diego County Health and Human Services Agency and the Migrant Clinicians Network, respectively, have been providing binational referral services for TB patients who move across the US-Mexico border while on treatment.

What is new or different about this Project?

This new initiative integrates the CureTB and TB*Net* referral services, then links them, for the first time, directly to a similar service offered by the Mexico National TB Program.

Who is involved in the Project?

The Centers for Disease Control and Prevention and the National TB Program of Mexico are leading this effort, in partnership with U.S. and Mexico governmental organizations at the federal, state, and local levels, as well as nongovernmental organizations working on binational and U.S.-Mexico border health issues. These partners collaborated to make this comprehensive, binational referral and case management system a reality. See the complete list of partners involved in the Project on the last page.

Where and when does this new Project begin?

The Project will be piloted in the sister-city regions of San Diego, California, and Tijuana, Baja California; El Paso, Texas, Las Cruces, New Mexico and Ciudad Juarez, Chihuahua; and Matamoros, Tamaulipas. In Mexico, the pilot project will also include one district in each of seven other states (Sonora, Coahuila, Nuevo Leon, Michoacan, Jalisco, Veracruz, and Oaxaca). These states are the place of origin of many Mexicans moving to the United States. The U.S.-Mexico Binational TB Referral and Case Management Project began its pilot-testing phase in March 2003, after the World TB Day celebration.

How does the system work?

Patients with active TB disease who move between Mexico and the United States and are seen at health care clinics in the pilot region sites mentioned above will receive a Binational Health Card.

When patients leave the country for the United States or Mexico, they will be instructed on where to obtain health care to complete their TB treatment upon arrival at their destination. Patients will give the card to their health care provider upon arrival at their destination. Patients can also use the toll free numbers on the card to find a health clinic at which to continue their TB care in either Mexico or the United States if they are unsure of their destination upon departure.

The patient's clinical management information will be recorded in case management databases in each country. Health care providers will be able to access treatment information on each patient through the coordinating offices within each country. The information documented on the card, as well as ongoing communication with the coordinating offices of each country, will ensure that the patient receives continuous care, and treatment is completed.

What information is on the Binational Health Card?

The card contains the following information: a unique card ID number, toll-free telephone numbers to ask for information in the United States and Mexico, the site where the patient first received TB care, treatment start date, treatment regimen, and whether the patient received directly observed therapy (DOTS).

Is the Project confidential?

The name of the patient doesn't appear on the card. The patient is assigned a unique identification number that appears on the card and is linked to the binational TB referral and case management databases. The unique identification number is used for tracking and referral purposes when the patient moves between the United States and Mexico. The word "tuberculosis" is not written anywhere on the card.

Who funds this Project?

This project is jointly funded by the Centers for Disease Control and Prevention (CDC), United States-Mexico Border Health Commission, Pan American Health Organization (PAHO), United States Department of Health Resources Services Administration (HRSA), Coldwell Foundation, and United States Agency for International Development (USAID).